

4-4-05

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV517932322US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 1, 2005

Signature:

Susan M. Dillon
(Susan M. Dillon)

Docket No.: 58369(71699)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Zhen Zhang et al.

Application No.: 10/635,241

Confirmation No.: 6657

Filed: August 5, 2003

Art Unit: 1631

For: SYSTEM, SOFTWARE, AND METHODS FOR
BIOMARKER IDENTIFICATION

Examiner: M. Miller

RESPONSE TO ELECTION OF SPECIES REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Applicants are in receipt of the Office Action dated March 1, 2005.

In response to the Election of Species Requirement set forth in the Office Action, Applicants make the following elections with respect to the groups A) through H) as set forth in the Office Action:

Group A) Applicants elect: Supervised;

Group B) Applicants elect: Support Vector Machine

Group C) Applicants elect: Presence of disease

Group D) Applicants elect: Presence of disease

Group E) Applicant elect: Proteins

Group F) Applicants elect: Protein

Group G) Applicants elect: Protein

Group H) Applicants elect: SELDI

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Early consideration and allowance of the application are earnestly solicited.

Dated: April 1, 2005

Respectfully submitted

By 

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**AMENDMENT TRANSMITTAL LETTER**Docket No.
58369(71699)Application No.
10/635,241-Conf. #6657Filing Date
August 5, 2003Examiner
M. I. MillerArt Unit
1631

Applicant(s): Zhen Zhang et al.

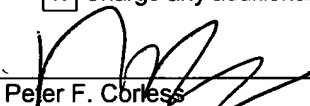
Invention: SYSTEM, SOFTWARE, AND METHODS FOR BIOMARKER IDENTIFICATION

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable)				<input type="checkbox"/>	
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity☐ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Peter F. Corless
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Dated: April 1, 2005

Signature: Susan M Dillon (Susan Dillon)